

New Hampshire Coronavirus Disease 2019 Weekly Partner Call

July 15, 2021

*Ben Chan
Elizabeth Talbot
Beth Daly
Lindsay Pierce*

Thursday noon-time partner call will focus on science, medical, and vaccine updates with time for Q&A

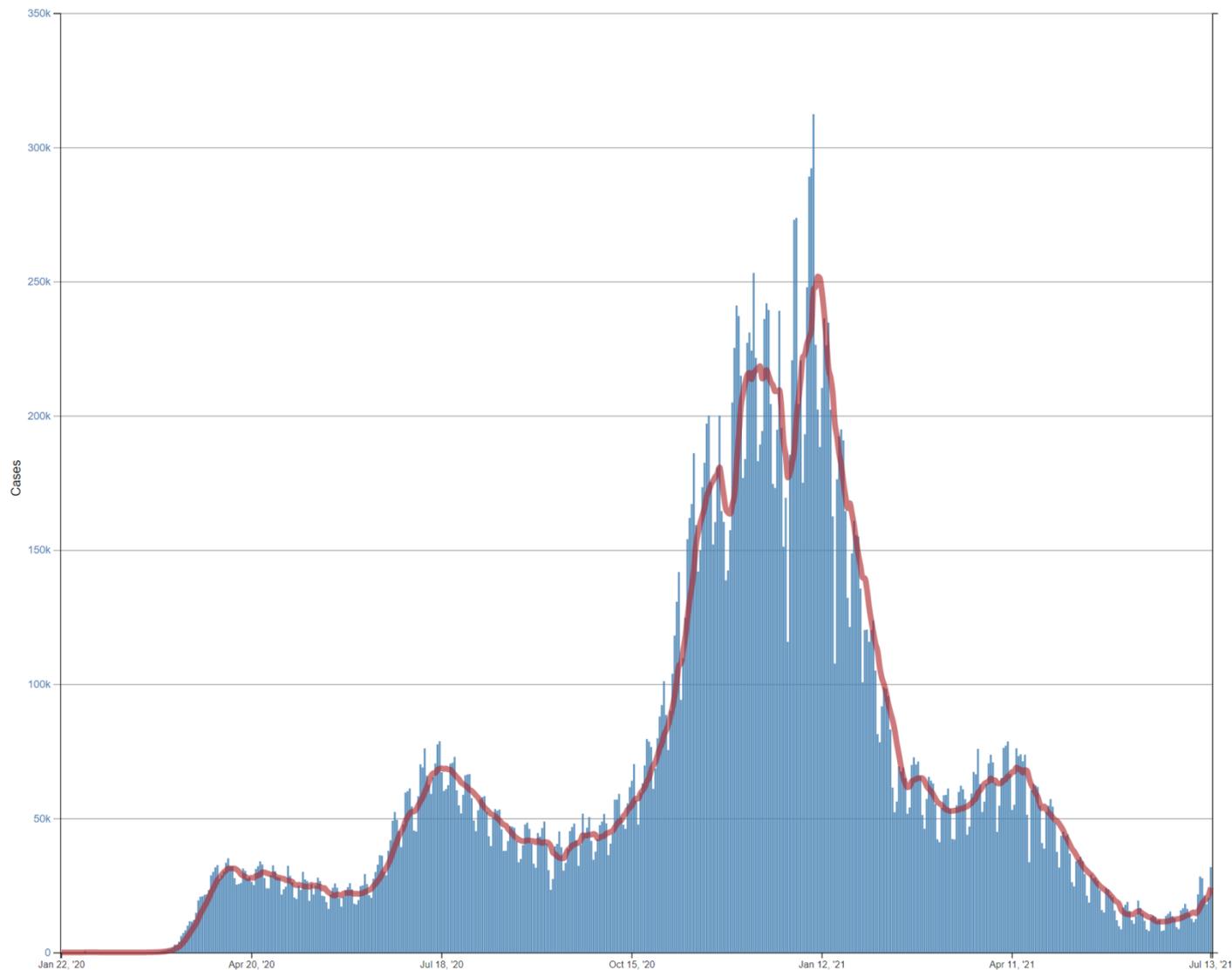
2-Week Call Hiatus

- There will NOT be a Thursday noon-time partner call the next 2 weeks (i.e., calls on 7/22 and 7/29 are cancelled)
- The next Thursday noon-time partner call will be on **August 5th from 12:00-1:00pm**
- Webinar and call-in information will remain the same

Agenda

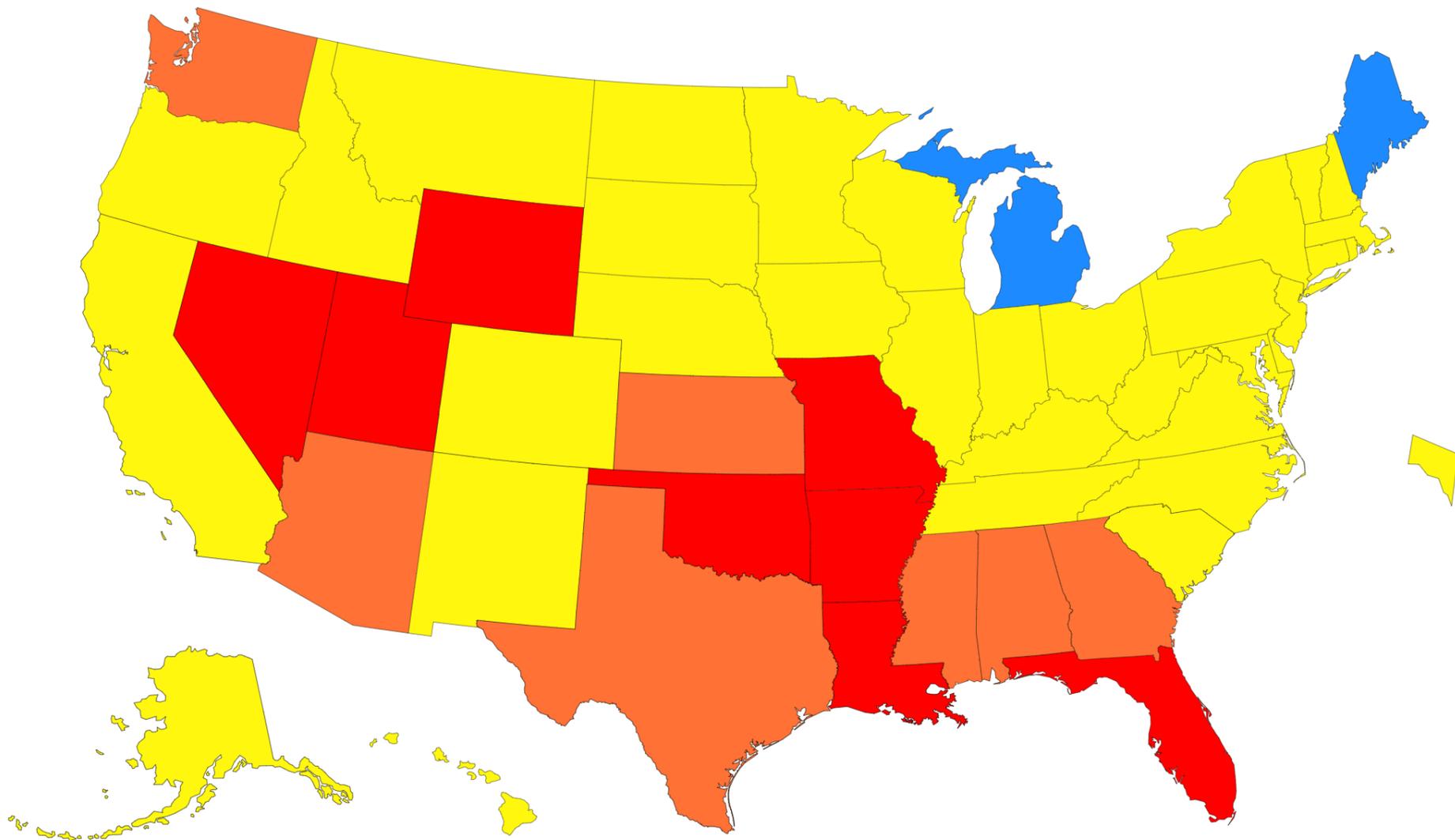
- Epidemiology update
- Updated CDC Guidance:
 - [Grades K-12 schools](#)
 - [Early childhood education \(ECE\) and child care programs](#)
 - [Science Brief](#): Transmission of SARS-CoV-2 in K-12 schools and early care and education programs
- COVID-19 vaccine booster doses
- Questions & Answers (Q&A)

U.S. National Daily Incidence of COVID-19



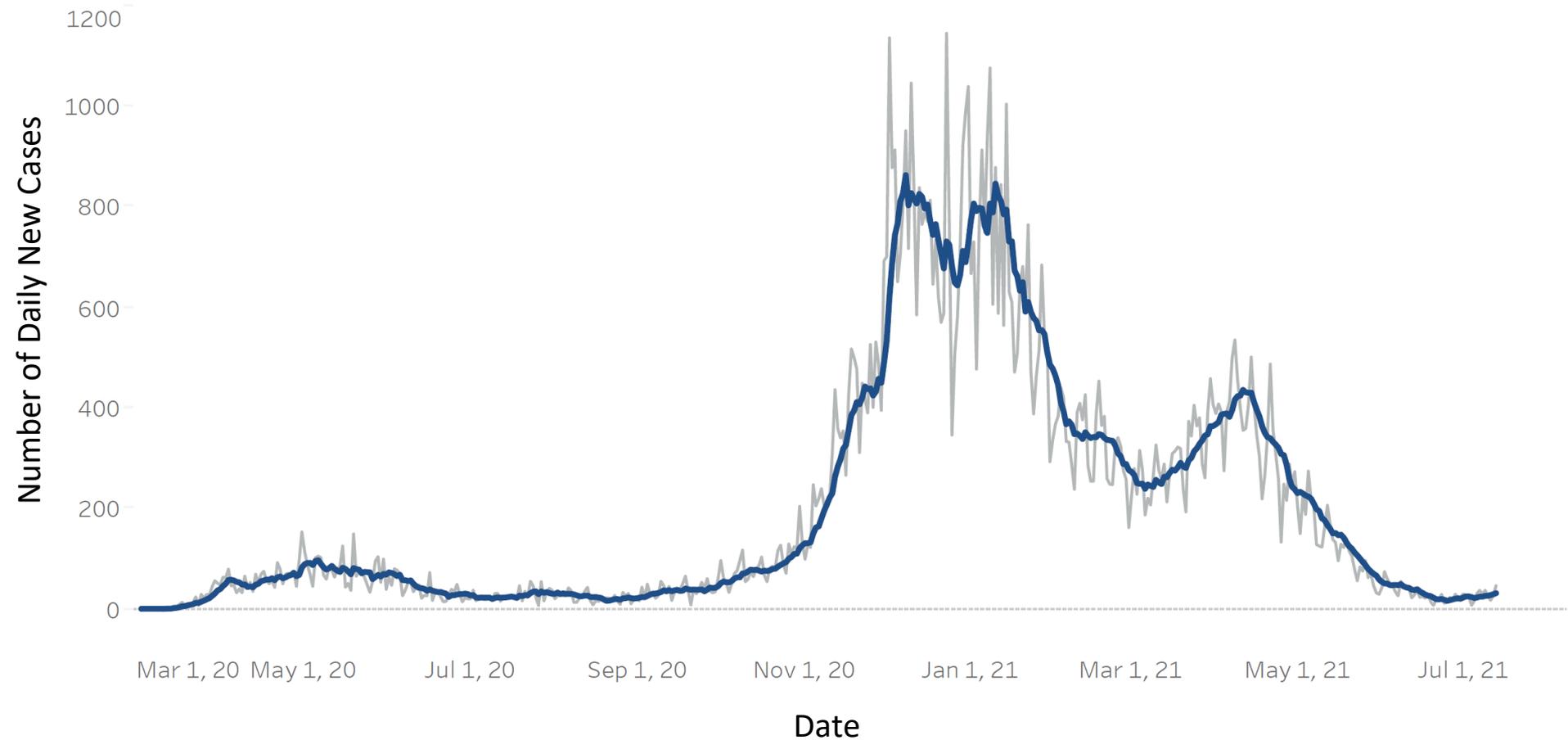
https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

Level of Community Transmission by State



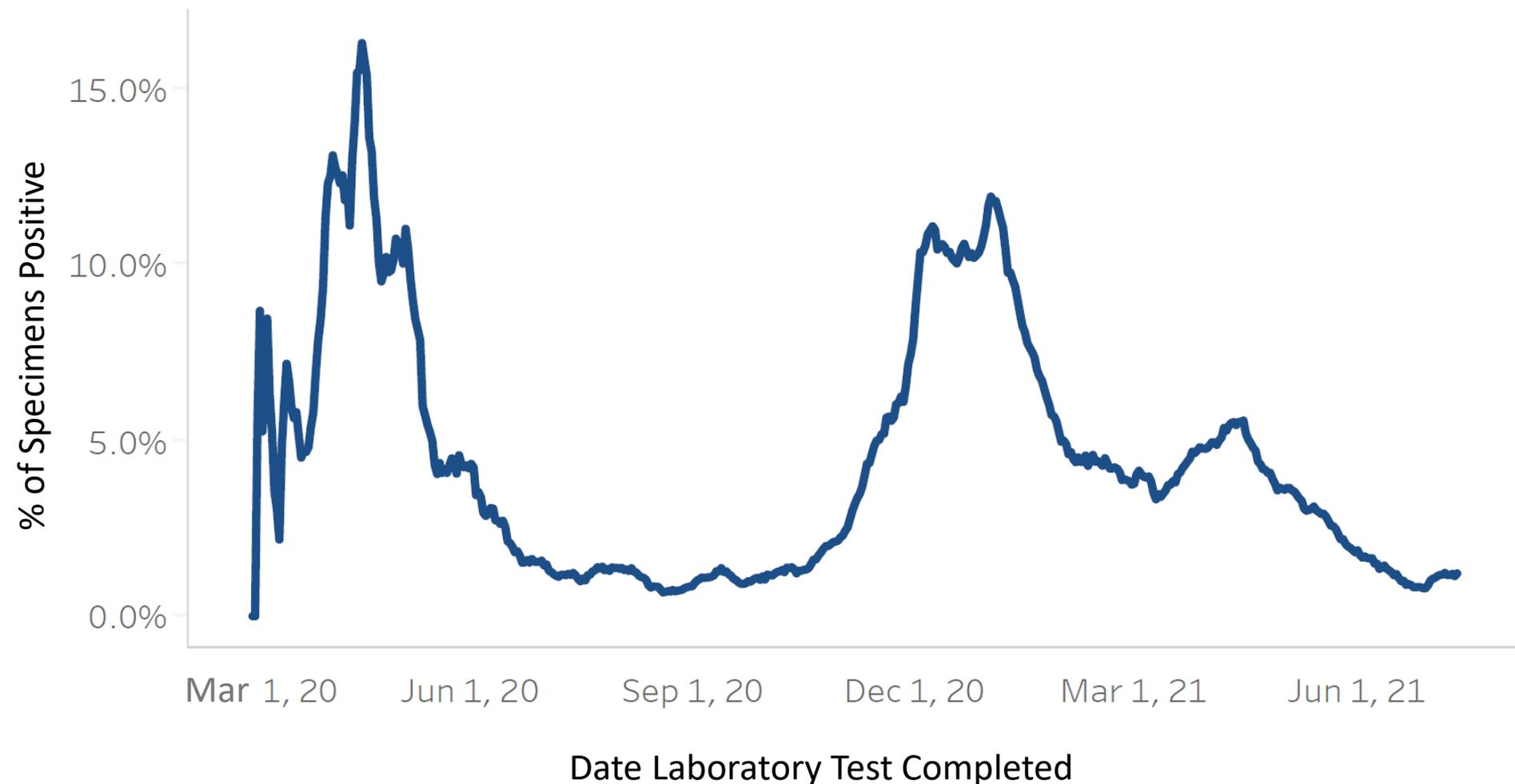
https://covid.cdc.gov/covid-data-tracker/#cases_community

Number of New COVID-19 Cases per Day in NH



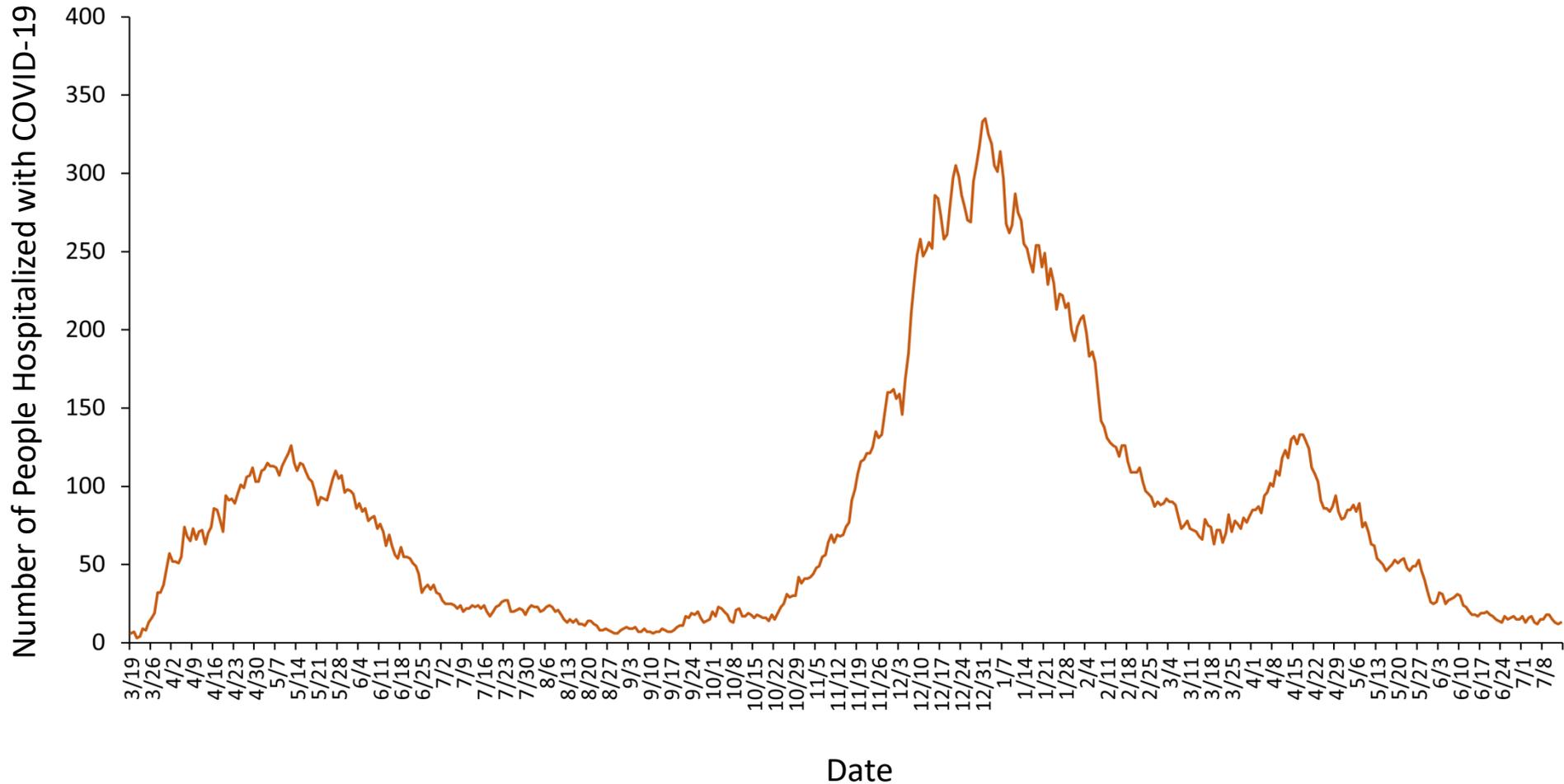
<https://www.nh.gov/covid19/dashboard/overview.htm#dash>

% of Tests (Antigen and PCR) Positive for COVID-19 (7-Day Average)



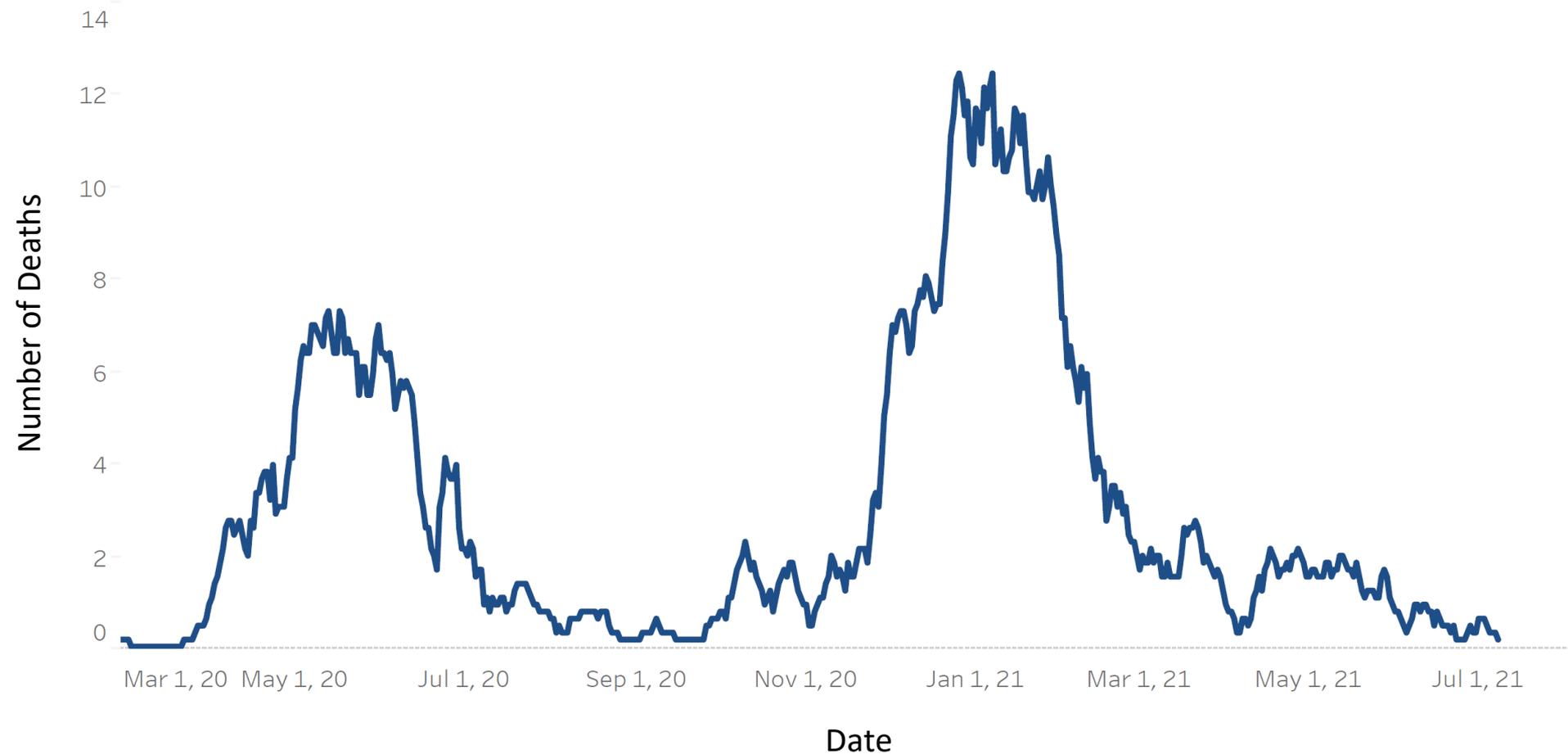
<https://www.nh.gov/covid19/dashboard/overview.htm#dash>

Number of People Hospitalized with COVID-19 Each Day in NH (Hospital Census)



<https://www.nh.gov/covid19/dashboard/overview.htm#dash>

Average Number of COVID-19 Deaths per Day in NH (Based on Date of Death)



<https://www.nh.gov/covid19/dashboard/overview.htm#dash>

Level of Community Transmission

Statewide
Level of
Transmission

Minimal

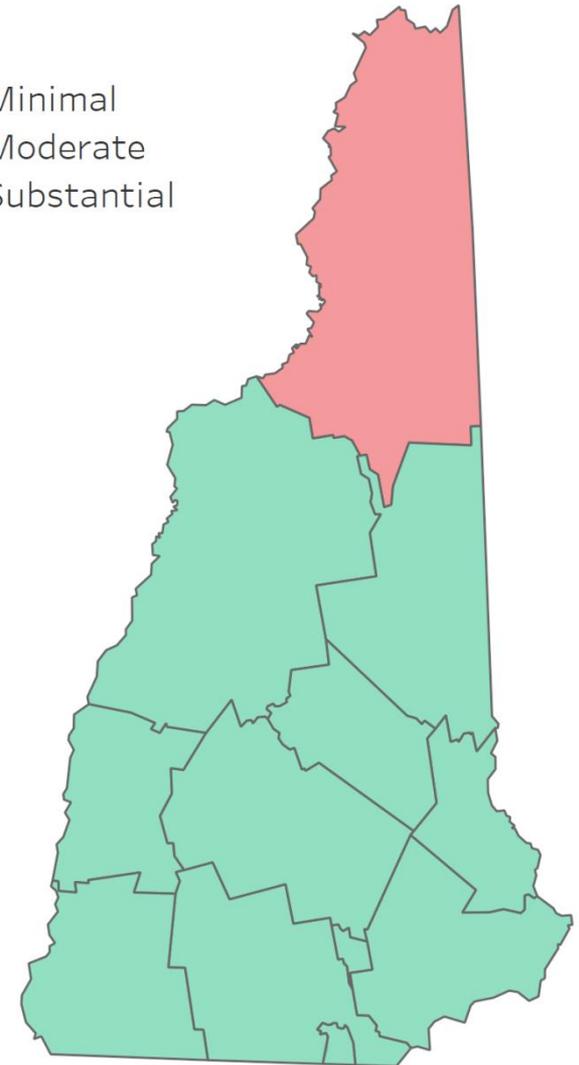
New Cases per 100k
over 14 days

26.3

7-Day Total Test
Positivity Rate

1.2%

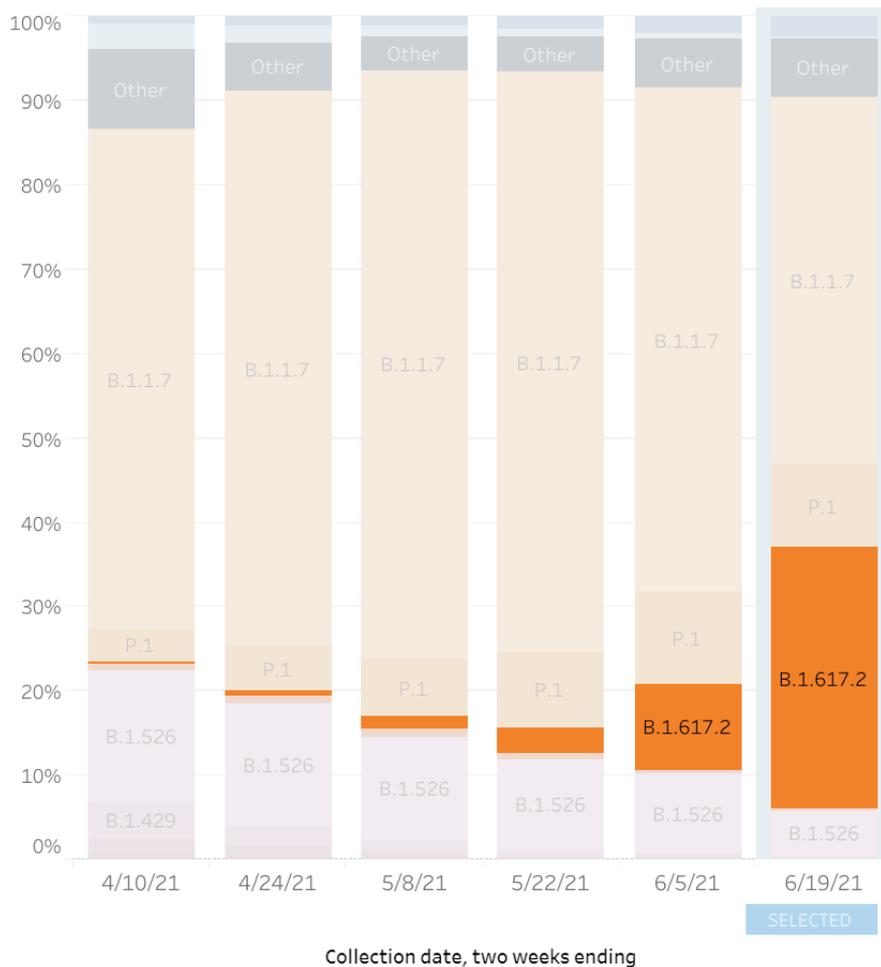
- Minimal
- Moderate
- Substantial



Variant Proportions in the U.S.

United States: 3/28/2021 – 6/19/2021

United States: 6/6/2021 – 6/19/2021



USA

	Lineage	Type	%Total	95%CI	
Most common lineages #	B.1.1.7	Alpha	VOC	43.4%	39.1-47.9%
	B.1.617.2	Delta	VOC	31.1%	24.6-38.3%
	P.1	Gamma	VOC	9.9%	7.5-12.9%
	B.1.526	Iota	VOI	5.5%	4.4-6.8%
	B.1			2.3%	1.5-3.6%
	B.1.1.519			0.2%	0.1-0.3%
Additional VOI/VOC lineages #	B.1.351	Beta	VOC	0.2%	0.1-0.4%
	B.1.525	Eta	VOI	0.1%	0.1-0.4%
	B.1.429	Epsilon	VOI	0.1%	0.0-0.4%
	B.1.427	Epsilon	VOI	0.1%	0.0-0.3%
	B.1.617.1	Kappa	† VOI	0.0%	0.0-0.1%
	B.1.617.3		† VOI	0.0%	NA
	P.2	Zeta	† VOI	0.0%	NA
Other*	Other			7.1%	5.6-9.1%

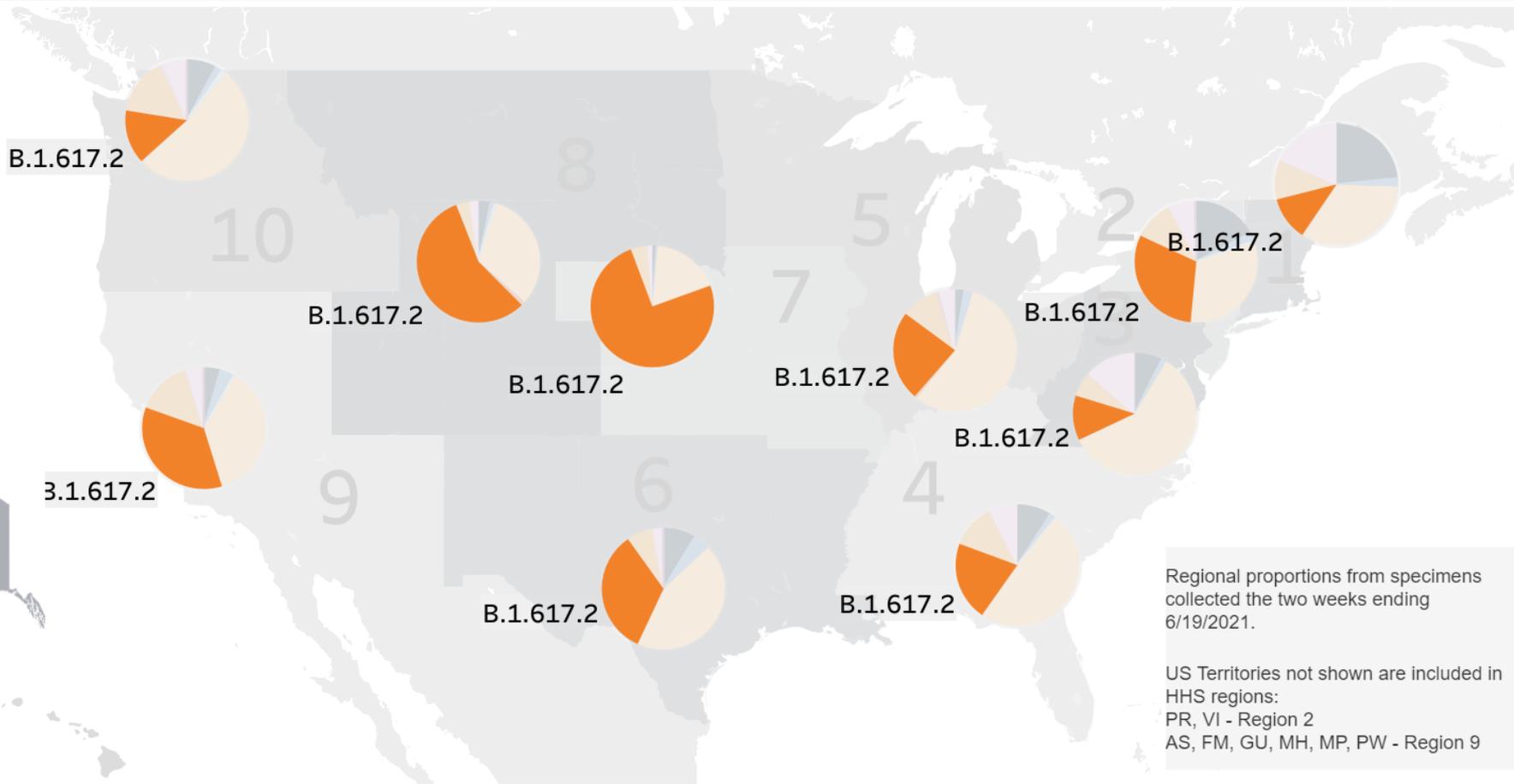
* Other represents >200 additional lineages, which are each circulating at <1% of viruses

† Fewer than 10 observations of this variant during the selected time/location context

Sublineages of P.1 and B.1.351 (P.1.1, P.1.2, B.1.351.2, B.1.351.3) are aggregated with the parent lineage and included in parent lineage's proportion. AY.1 and AY.2 are aggregated with B.1.617.2.

Variant Proportions in the U.S.

United States: 6/6/2021 – 6/19/2021



Updated July 13, 2021

Updated CDC Guidance

Guidance for COVID-19 Prevention in K-12 Schools

Updated July 9, 2021

Languages ▼

Print

COVID-19 Guidance for Operating Early Care and Education/Child Care Programs

Updated July 9, 2021

Languages ▼

Print

Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs – Updated

Updated July 9, 2021

Print

No New NH School/Child Care Guidance Planned

- NH DPHS is not planning on releasing NH-specific guidance for K-12 schools or child care programs
- Consistent with other NH guidance, we are moving away from creating situation-specific guidance in favor of applying general principles of COVID-19 prevention to specific situations
- There is now the new/updated CDC recommendations, NH [Universal Best Practices](#), and last years experience to draw upon to make decisions about implementing prevention strategies
- We will talk through CDC guidance in more detail with our school and child care partners on a future call

General CDC Guidance for Schools and Child Care

- Consider multiple factors when making decisions about implementing layered prevention strategies against COVID-19
- Decisions should be based on multiple factors specific to the school population, families and students/children served, and the surrounding communities, including...

To get kids back in-person safely, schools should monitor



Community Transmission **Vaccination Coverage** **Testing** **Outbreaks**

to help prevent the spread of COVID-19



CS225431A 07/06/2021

CDC's Key Prevention Strategies

1. Promote vaccination
2. Face mask use (consistent and correct use)
3. Physical distancing (and cohorting)
4. Screening testing (recommended for K-12 schools, but not for child care programs)
5. Increasing ventilation
6. Handwashing and respiratory etiquette
7. Staying home when sick and getting tested
8. Contact tracing in combination with isolation and quarantine
9. Cleaning and disinfection

Prevention Strategies are Still Needed

- COVID-19 prevention strategies remain critical to protect people, including students, teachers, and staff who are not fully vaccinated, but specific layered prevention strategies will vary
 - “monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies”
- CDC does continue to recommend masking and physical distancing as primary prevention strategies, especially given mixed populations of people who are/aren't fully vaccinated
- There is flexibility in how this guidance can be applied

CDC and NH Face Mask Recommendations

- CDC released their [Public Health Recommendations for Fully Vaccinated People](#) at the end of May, and they continue to use this as the basis for their guidance on face mask use and physical distancing in specific settings (i.e., face mask use and physical distancing guidance is based on an person's vaccination status)
- NH DPHS has made recommendations for face mask use based on level of community transmission (community-based risk)
 - See prior School and Child Care Partner Call [PPT slides](#) (June 16th call)
 - See NH DPHS general [Face Mask Recommendations](#)
- This guidance remains the current NH DPHS guidance given continued low levels of COVID-19 statewide

NH Face Mask Recommendations: Rationale

- We have tried to take a balanced approach to implementing mitigation measures so that when community transmission and risk are low, people can pull back on some mitigation measures
- COVID-19 is still circulating and communities remain at risk for another increase/surge in COVID-19, so there should still be steps taken to prevent spread of COVID-19, especially in locations where people are gathering who are not fully vaccinated
- As levels of COVID-19 and community transmission increase, more strict implementation of prevention strategies, including face mask use, will be more important

Should Schools and Child Care Programs Change Their Current Operations Based on CDC's Updated Guidance?

- There are no requirements for implementation of prevention strategies at schools, child care programs, or other businesses
- NH DPHS recommends that over the summer schools and child care agencies continue with current plans and operations based on previously released NH DPHS guidance and discussions
- K-12 schools and child care agencies have options and flexibility for implementing prevention strategies for full school re-opening in September
 - Review CDC guidance – implement prevention strategies where able
 - Face mask use will continue to be a contentious issue and should be implemented based on local decision making and local factors

Summer De-Escalation Trial

- CDC guidance on removing prevention strategies: “If considering whether and how to remove prevention strategies, one prevention strategy should be removed at a time and students, teachers, and staff should be closely monitored for any outbreaks or increases in COVID-19 cases”
- This is partly why in June we came out with permissive recommendations to allow schools and child care agencies to attempt to de-escalate some of the mitigation measures
- Over the summer, if you successfully pull back on some mitigation measures with minimal COVID-19 school impact, and if levels of community transmission remain low entering full school re-opening, then schools could reasonably choose to start school without requiring face masks (schools can also choose to require face masks, if desired)
- If/when community transmission increases in the Fall, we would more strongly recommend strict implementation of mitigation measures like face mask use

Overall Goal

1. Get all kids back to in-person learning
2. Minimize risk of COVID-19 transmission in school and child care settings
 - There is flexibility in how to do this, adjusting prevention strategies based on local community transmission, rates of vaccination, and other local contextual factors
 - We will have a more in-depth discussion with our school and child care partners next week

2-Week Call Hiatus

- There will NOT be a Thursday noon-time partner call the next 2 weeks (i.e., calls on 7/22 and 7/29 are cancelled)
- The next Thursday noon-time partner call will be on **August 5th from 12:00-1:00pm**
- Webinar and call-in information will remain the same

Boosters

When: relative to an individual's completed series, after everyone else gets primary, and/or with global consideration? What if omega emerges?

Who: medically vulnerable to COVID or all? Regionally per variant?

With what: heterologous or homogenous or a new booster formulation?

How? Only after safety, immunogenicity and public health need analyzed

Initial Vaccine Allocation

LTCF residents
Persons ≥ 65 years
Persons 16–64 with
high-risk medical
conditions

Risk of
COVID-19
complications

Risk of
COVID-19
exposure

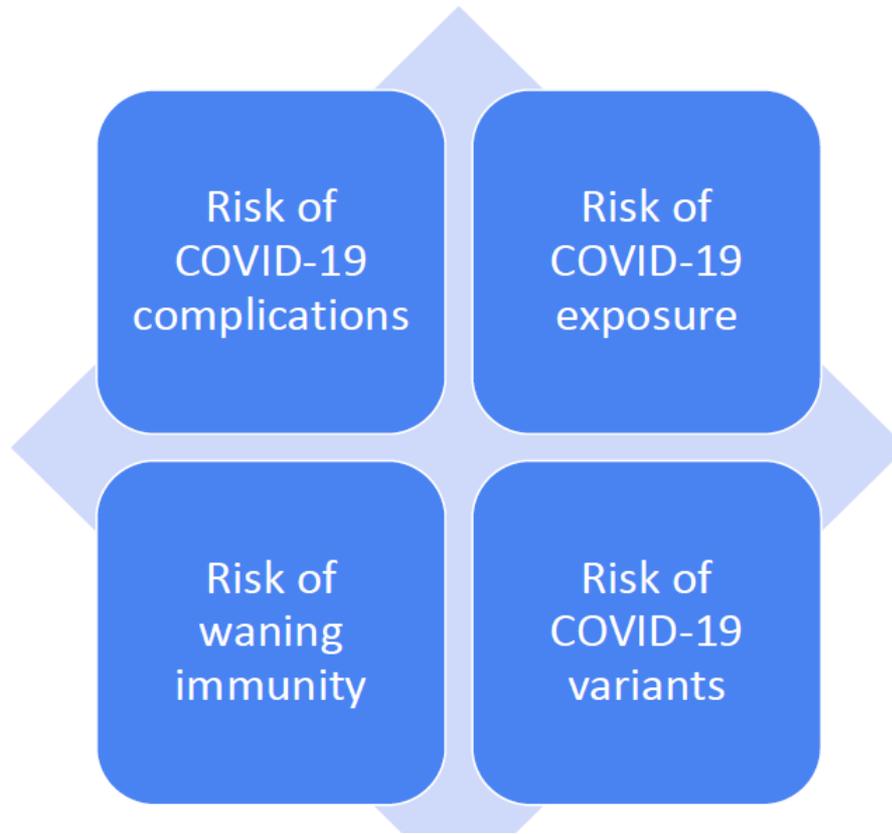
Health care personnel
Frontline Essential
Workers
Other Essential
Workers

ACIP Meeting June 23, 2021

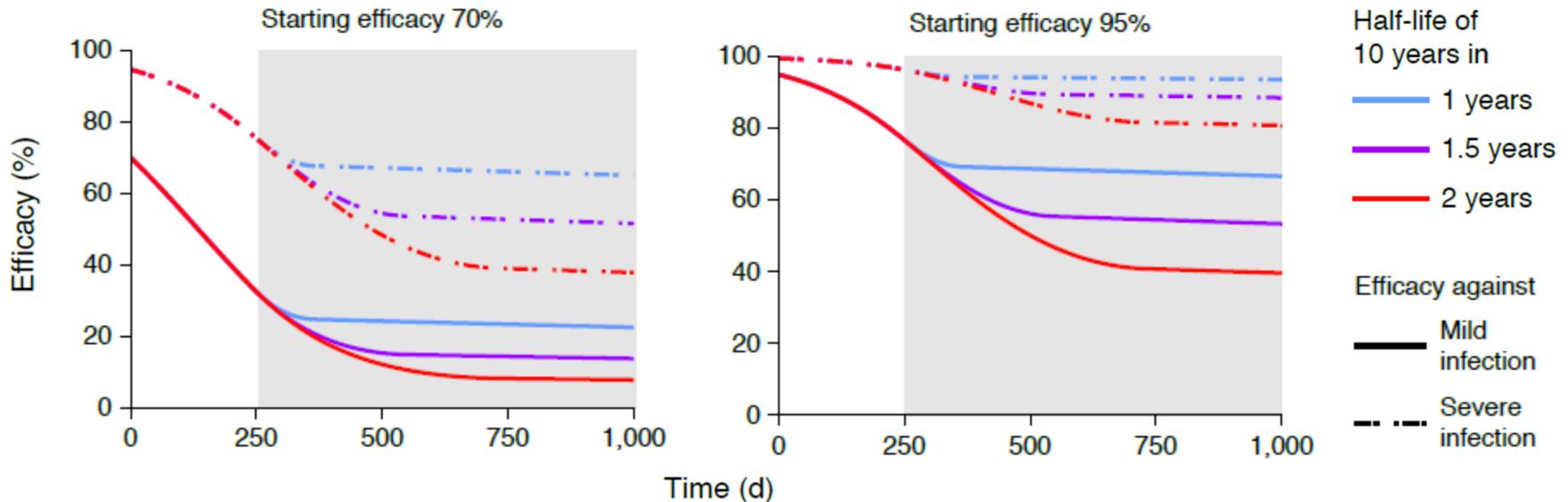
Booster doses may be needed for all persons or only specific populations

Optimal timing of booster doses after primary series not known

Boosters may help overcome variants



Protection from severe infection predicted to persist longer than protection against mild infection



- After initial exponential decay, antibody half-lives generally stabilize to ≥ 10 years (linear decline)
- Depending on when transition occurs, proportion of individuals predicted to be protected against severe disease long-term, even without boosters, but may be susceptible to mild infection

Khoury et al. *Nat Med* (2021). <https://doi.org/10.1038/s41591-021-01377-8> 17

Will Boosters Have to be Same as Initial Presentation?

Are heterologous prime-boost schedules safe and effective?



Vaccinate with **Confidence**

Heterologous vs Homologous Vaccine Series

- Ease logistical problems inherent in vaccine programs
- Meet clinical needs
- Induce enhanced or more durable immune response
- Effective against greater range of variants
- Appropriate for boosters

Cov-Boost Heterologous Booster Study

- Cov-Boost is UK study at 18 sites to inform UK's fall booster program
- 7 vaccines as booster doses for people ≥ 30 yo who are already fully vaccinated with different authorized vaccine
- AztraZeneca, Pfizer, Moderna, Novavax, Valneva, Curevac, Janssen plus control formulation
- Began enrolment June 14

Com-COV

Mix and Match

- 830 participants ≥ 50 y in 1 of 8 schedules of 2 Pfizer and AZ separated by 28d or 84d
- [Lancet publication](#) May 29 showed heterologous schedules at 4w interval more reactogenic
- June 28: 463 in 28d interval group showed safe and all resulted in immune priming
 - AZ/Pfizer induced higher antibodies and T cell responses than Pfizer/AZ
 - Both induced higher antibodies than AZ/AZ
 - Highest antibody response Pfizer/Pfizer
 - Highest T cell response AZ/Pfizer

CDC Guidance Re Non-FDA COVID Vaccines

Vaccines not authorized by FDA but listed for emergency use by WHO*

- If completed series, no need to re-vax
- If incomplete, offer FDA-authorized series

Vaccines not FDA or WHO authorized

- Offer FDA-authorized vaccine series
- Wait min 28d from last dose of non-FDA/WHO before giving FDA-authorized



**World Health
Organization**

*Pfizer, AZ, J&J, Moderna, Sinopharm, Sinovac

“Real world” vaccine effectiveness: Studies to inform VE against variants of concern

Country	Vaccine	Dominant strain(s)	Fully vaccinated VE
Israel, Europe & U.K	Pfizer	B.1.1.7 (Alpha)	>85%
Canada	mRNA	B.1.1.7, P.1 (Alpha, Gamma)	79% (65%–88%)
Canada	mRNA	P.1/B.1.351 (Gamma/Beta)	88% (61%–96%)*
Qatar	Pfizer	B.1.1.7 (Alpha)	90% (86%–92%)*
		B.1.351 (Beta)	75% (71%–79%)*
South Africa	Janssen	B.1.351 (Beta)	52% (30%–67%)

* Variant-specific VE

For B.1.351 (Beta), VE shown to be higher for prevention of severe disease

CDC Science Brief <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html>
 Abu-Radad and Butt. *NEJM* (2021); Sandoff et al. *NEJM* (2021); Chung et al. medRxiv preprint (May 28 2021); Yassi et al. medRxiv preprint (May 25 2021))

Emerging Messaging Re: Delta

Summary

- More transmissible
- More severe disease
- Higher risk of hospitalization
- US vaccines effective

[PHE Vaccine Study](#)

- 2 doses of Pfizer 88% effective against symptomatic disease
 - c/w 93% against Alpha
 - 1 dose 33% protection
- Higher levels of effectiveness expected against hospitalization and death

News From Israel

- July 6 MoH announced Pfizer effectiveness against Delta infection and symptomatic disease reduced to 64%, compared to 95.3% in May when alpha dominated
 - Still 93% protective against hospitalization and serious illness compared with 97% in May
 - Consistent trend but lower effectiveness than Scottish study [in The Lancet](#) in which Pfizer provided 79% protection against infections from Delta, compared with 92% Alpha
- July 12 1st country to authorize 3rd Pfizer vaccine for immunocompromised

Pfizer says it's time for a Covid booster; FDA and CDC say not so fast



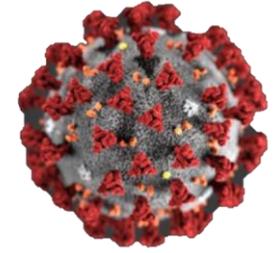
By [Maggie Fox](#), CNN

🕒 Updated 6:45 AM ET, Fri July 9, 2021

- "While protection against severe disease remained high across the full six months, a decline in efficacy against symptomatic disease over time and the continued emergence of variants are expected. Based on the totality of the data they have to date, Pfizer and BioNTech believe that a third dose may be beneficial within 6 to 12 months following the second dose to maintain highest levels of protection."
- Published data about third dose pending
 - Will submit to US FDA and EMA to seek EUA in Aug
- Also produced new version for variant booster, studies to start

Swift Reaction

- “Right now, given the data and the information we have, we do not need to give people a third shot, a boost, superimposed upon the two doses you get with the mRNA and the one dose you get with J&J,”
 - Fauci on CNN’s “State of the Union”
- “Even though the CDC and the FDA correctly said, right now, we don’t feel you need a booster, that doesn’t mean that we’re not very, very actively following and gathering all of this information to see if and when we might need it,”
 - Fauci on ABC’s “This Week With George Stephanopoulos”
- CDC and FDA: Americans don’t yet need a third dose



New Hampshire Coronavirus Disease 2019 Weekly Partner Call

July 15, 2021

*Ben Chan
Elizabeth Talbot
Beth Daly
Lindsay Pierce*

Thursday noon-time partner call will focus on science, medical, and vaccine updates with time for Q&A